

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

L02000001505

FILED

03 OCT 24 AM 10:27

1. DOCUMENT # L02000001505

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017687 01 FP 0.352 **PRSRT T4 0 0615 33951

USAVONINK, LLC
P.O. BOX ~~2082~~ 512062
PUNTA GORDA FL 33951 - 2062



US

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3902 SAN PIETRO COURT PUNTA GORDA FL 33950 US		5. Date Organized or Qualified To Do Business in Florida 01/22/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For Not Applicable	
8. Name and Address of Current Registered Agent POLAND, JAMES R 5065 SAN MASSIMO DRIVE PUNTA GORDA FL 33950		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000024063870 10/24/03--01012--024 **50.00 City FL Zip Code			

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 10/26/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BENNETT, HOWARD M	3902 SAN PIETRO COURT	PUNTA GORDA FL 33950
MGRM	BOWER, GORDON L	3908 SAN PIETRO COURT	PUNTA GORDA FL 33950
MGRM	POLAND, JAMES R <i>no longer involved</i>	5065 SAN MASSIMO DRIVE	PUNTA GORDA FL 33950

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager [Signature] Date 10/26/03 Daytime Phone # 941 6378178

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: October 20, 2003

To:
Agnes

From
Howard M. Bennett
Usavonink, LLC

I am writing this letter as requested to advise that neither notice was received. The revised address has been changed as has the status of Mr. Poland, both of which have been noted on the application. I have also attached our check for \$50.00. If this does not settle the matter please let me know.

Regards,

Howard M. Bennett

P.O. Box 512062 - Punta Gorda, Fl 33951-2062
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Email: howard@usavonink.com